

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/21/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confe	r rights to the certificate noticer in fied c	CONTACT			
PRODUCER		NAME:			
Marsh USA Inc.		PHONE	(A/C, No):	FAX (A/C No):	
1560 Sawgrass Corporate Pkwy, Suite 300 Sunrise, FL 33323	Suite 300	(A/C, No, Ext):	1 (1.00) 1.11		
		E-MAIL ADDRESS:			
		INSURER(S) AFFORDING COVERA	AGE	NAIC#	
CALABORATE A AUT CALABITE 47 40		INSURER A : Greenwich Insurance Company INSURER B : XL Insurance America, Inc.		22322	
CN105058554-All*-GAWUP-17-18				24554	
Waste Pro USA Inc. and its subsidiaries	Padas				
	liaries	INSURER C: North American Elite Insurance Company		29700	
2101 W SR 434 Suite #301		INSURER D : XL Specialty Insurance Company		37885	
Longwood, FL 32779		INSURER E :			
		INSURER F :	AUIMPED. A		
COVERACES	CERTIFICATE NUMBER:	ATL-004675109-12 REVISION	NUMBER: 0		

COVERAGES

CERTIFICATE NUMBER:

ATL-0046/5109-12

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

ISR TR	TYPE OF INSURANCE	ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	X COMMERCIAL GENERAL LIABILITY	IIIOD III	GEC300138201	11/22/2018	11/22/2019	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,00
	CLAIMS-MADE 7 OCCUR					MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY	\$	1,000,00
						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,00
^ P				*			\$	
Α	OTHER: AUTOMOBILE LIABILITY		RAE943788401	11/22/2018	11/22/2019	COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,00
	X ANY AUTO	SIR: \$1,000,000			BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED					BODILY INJURY (Per accident)	\$	Il Illianio de la companio
AUTOS ONLY V HIRED V	Y HIRED X NON-OWNED					PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY						\$	
С	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE		UMB 2000589 02	11/22/2018	11/22/2019	EACH OCCURRENCE	\$	5,000,00
			7 Y S S S S S S S S S S S S S S S S S S			AGGREGATE	\$	5,000,00
							\$	
В	DED RETENTION \$ WORKERS COMPENSATION		RWD300138001 (AOS)	11/22/2018	11/22/2019	X PER OTH-		
A	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE] N/A				E.L. EACH ACCIDENT	\$	1,000,00
	OFFICER/MEMBEREXCLUDED? N					E.L. DISEASE - EA EMPLOYEE	\$	1,000,00
	Mandatory IT INT) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,00
D	Workers Compensation		RWE943549701 (FL)	11/22/2018	11/22/2019	Employers Liability:		1,000,00
_						SIR:		500,0

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of Daytona Beach is included as an Additional Insured as required by contract under General Liability and Automobile Liability including products-completed operations. Umbrella is follow form where required by written contract. Waiver of Subrogation applies in favor of City of Daytona Beach for General Liability, Automobile Liability and Workers Compensation as permitted by law.

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CERTIFICATE HOLDER	CANCELLATION			
City of Daytona Beach 301 S Ridgewood Ave. Room 146 Daytona Beach, FL 32114	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
	AUTHORIZED REPRESENTATIVE of Marsh USA Inc.			
	Juan Hernandez Suan Hernanden			

AGENCY CUSTOMER ID: CN105058554

Loc #: Lauderdale



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY		NAMED INSURED		
Marsh USA Inc.		Waste Pro USA Inc. and its subsidiaries 2101 W SR 434		
POLICY NUMBER		Suite #301 Longwood, FL 32779		
CARRIER	NAIC CODE	1		
		EFFECTIVE DATE:		

ADDIT	IONAL	REMA	RKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ___25___ FORM TITLE: Certificate of Liability Insurance

Pollution Legal Liability

Carrier: Indian Harbor Insurance Company Policy Number: PEC004900301 Dates: 01/01/2018 - 01/01/2019 Limits: \$5,000.000

Limits: \$5,000,000 SIR: \$250,000

Storage Tank Liability Limit: \$1,000,000

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